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JOINT ADVISORY COMMITTEE

OF THE

GOVERNMENT OF ONTARIO

AND THE

ONTARIO MEDICAL ASSOCIATION

ON METHODS TO CONTROL

HEALTH CARE COSTS

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INTRODUCTION

The Joint Advisory Committee in its letter requesting briefs has stated that it will review "practical methods of health care containment."

While many of our recommendations may appear to be somewhat generally stated, we trust you will agree that they do become extremely practical when considered in light of the fact that women are the largest client group now using Ontario's health care system.

As well as being the largest group of users, women tend to use the health care system more than men - that is even after childbearing has been taken into consideration.

Any changes directed to limiting the number or the cost of medical procedures for women will result in significant health care cost containment for Ontario.

We realize that in any assessment of the health care system there will be findings that will be applicable to other groups in society.

For the purposes of this brief we have concentrated on making recommendations where we believe there is a need for demonstrated leadership by the medical profession, its regulatory bodies, or the government.

However, we are very aware that women must learn to become more discreet consumers of health care services.

Similarly, we believe it is the responsibility of the Ontario Status of Women Council and the Ministry of Health to demonstrate matching leadership by alerting women to become more cautious consumers of health care services, for the protection of their own health and for the protection of the public purse.

We are currently working with the Ministry of Health to solve this problem.

We are confident that the opportunity to communicate through briefs like this one will result in better health care services for women at a lower cost to the province.

DIAGNOSTIC PREMISES FOR FEMALE PATIENTS ARE BASED ON OUTDATED STEREOTYPES

Studies have shown that women are treated differently from men when they seek care and treatment for health problems.

We know that women are not mentally or physically "sicker" than men. But, women as compared to men are more likely to be diagnosed for depression and anxiety and offered chemical solutions to their problems. Men tend to be treated for gastrointestinal problems.

We are deeply disturbed at studies which show that women are prescribed twice as many psychotropic (mood altering) drugs as men. Further, we believe that society should not accept that many of the members of half its population exist in a "shell-shocked" state.

Our goal is to achieve a massive reduction in the prescription of tranquilizers to the adult female population of Ontario.

Dependency on drugs creates a dependency on doctors which leads to the revolving door phenomena in the practice of medicine.

We believe that the costs to the health care system in doctor's visits alone, are very considerable.

WE RECOMMEND that doctors be urged to limit the prescription of tranquilizers to women (and men) to short term or emergency use.

In addition to the above-mentioned problems, there is strong evidence that tranquilizers have caused damage to fetuses in utero. Studies of women who took tranquilizers during the first trimester of the pregnancy showed an increase in babies born with birth defects.

As a prospective mother is not aware of a pregnancy for several weeks after conceiving, we conclude that it is risky to prescribe tranquilizers to any woman who is capable of conceiving. This warning has to appear on all advertisements for Benzodiapine drug in the United States:

> Usage in pregnancy: An increased risk of congenital malformations associated with the use of minor tranquilizers (chlordiazepoxide, diazepam and meprobamate) during the first trimester of pregnancy has been

suggested in several studies. Because use of these drugs is rarely a matter of urgency, their use during this period should almost always be avoided. The possibility that a woman of child-bearing potential may be pregnant at the time of institution of therapy should be considered. Patients should be advised that if they become pregnant during therapy or intend to become pregnant, they should communicate with their physicians about the desirability of discontinuing the drug.

Of course, we believe this same caution should apply to other drugs as well. We do not know with certainty the result of any drugs taken during pregnancy. As consumers, we are rarely advised of the known contra-indications.

WE RECOMMEND that a directive be issued, strongly recommending against the prescription of tranquilizers during child-bearing years.

ARE WOMEN IN ONTARIO UNDERGOING UNNECESSARY OPERATIONS?

Studies show that women as a group do go to doctors more than men do - not much more - but measurably more. That is, leaving aside childbearing which causes women to use more health care, women still use the system more than men.

With increased visits to doctors comes the risk of increased treatment (as well as increased dependency on the relationship). In fact, we conclude that your health may begin to be "at risk" when you enter your doctor's office!

A recent study by the Royal College of Physicians and Surgeons in Saskatchewan concluded that nearly 25% of hysterectomies performed in certain hospitals were "unnecessary."

Another Canadian study indicates that there is a positive correlation between rates of selected surgical techniques and the availability of specialized personnel and facilities. In other words, specialized surgical treatments increase in number and frequency as the availability of and accessibility to such methods increase.

WE RECOMMEND that all hospitals have committees which frequently review the need for operative procedures based on criteria drawn up by review committees. We realize that some hospitals are presently performing medical audit as an education

process, but we believe that there should be a more stringent peer review to reduce unnecessary medical procedures including "elective" surgical procedures.

In addition, WE RECOMMEND that the governing bodies of the medical profession draw up more refined guidelines for individual doctors to work by. The disciplinary committees of the profession should be responsible for administering these guidelines. Where there are adequate guidelines already in existence, WE RECOMMEND stronger enforcement.

While preferring to see professions regulate themselves, we feel there is an appropriate role for government should the professions abdicate the responsibility for self-policing.

WE RECOMMEND that the Ontario Medical Association, the Ontario Hospital Association, the Royal College of Physicians and Surgeons or the Ministry of Health survey and report on current treatment practices, in several representative areas in Ontario.

CAN WE USE HOSPITALS LESS?

The Ontario Status of Women Council believes that many procedures now being performed in expensive hospital care settings could be provided in homes or well-woman clinics. Please note that when we speak of clinics we are not necessarily advocating the construction of more buildings, but rather we would prefer the imaginative use of existing community or hospital facilities.

Pregnancy is not an illness. We see no reason why family planning, therapeutic abortions and prenatal checkups could not be handled in out-of-hospital settings. And if a woman chooses, birth could take place in a well-woman clinic or in one's own home.

Further, we believe that midwives and other para-medics could be used to reduce the costs surrounding birth. We believe that women do not require, in most cases, specialists for birth. We believe that women are birth specialists.

As an example of overuse of hospital beds, we have found the recovery time for simple abortion or D&C procedures ranges from a few hours to a few days, depending on the practice of the attending doctor. We believe that in most cases, a few hours recovery time is sufficient.

WE RECOMMEND, therefore, that guidelines be drawn up to length of stay.

In addition, we would like to see an expansion of the home care program for post-operative cases, home deliveries, care of terminally ill people and other illnesses for which hospital care is not essential.

WE RECOMMEND that District Health Councils undertake to determine those procedures which could be performed outside of the hospital setting at a lower cost without compromising the quality of service.

NEED FOR RESEARCH IN MEDICAL PROBLEMS RELATED TO WOMEN

We are sure you will agree that the best way to keep health care costs down is to keep people healthy. We therefore strongly advocate preventive health measures.

For instance, in Canada the major cause of cancer deaths in women is breast cancer. Because of the length of time over which malignancies develop, we feel it is necessary to initiate adequate and rigorous longitudinal research into the cause of breast cancer. In particular we want to know if there is any relationship between breast cancer and the use of hormones in the form of oral contraceptives.

Therefore, WE RECOMMEND that it should be the goal of the government as it is the goal of the Advisory Council on the Status of Women to ensure that there is sufficient basic research in medical problems related to women.

CONCLUSION

We know that women are not sicker than men. But we know that they are often treated as mentally, if not physically, sicker than men. This overtreatment adds to the bloated costs of health care in the province.

To sum up, we want to see a cessation of the tranquilization of the adult female population, we want to see fewer women in hospitals for procedures that could be performed outside of hospitals, and we want to see a decrease in surgery performed on women.

SUMMARY OF RECOMMENDATIONS

1. That doctors be urged to limit the prescription of tranquilizers to women (and men) to short term or emergency use.

2. That a directive be issued, strongly recommending against the prescription of tranquilizers during child-bearing years.

3. That all hospitals have committees which frequently review the need for operative procedures based on criteria drawn up by review committees.

4. That the governing bodies of the medical profession draw up more refined guidelines for individual doctors to work by. Where there are adequate guidelines already in existence, we recommend stronger enforcement.

5. That the Ontario Medical Association, the Ontario Hospital Association, the Royal College of Physicians and Surgeons or the Ministry of Health survey and report on current treatment practices, in several representative areas in Ontario.

6. That guidelines be drawn up for length of stay in hospitals.

7. That District Health Councils undertake to determine those procedures which could be performed outside of the hospital setting at a lower cost without compromising the quality of service.

8. That it should be the goal of the government as it is the goal of the Advisory Council on the Status of Women to ensure that there is sufficient basic research in medical problems related to women.